

A3 Title: Primary Care Transformation
Work Balance-Staffing Model A3 (Created Gap)

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Process Owner:

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Reason For Action/Business Case: We staff the clinic based on "benchmark" data but do not really understand our demand and capacity. Additionally, our current staffing model and structure is not optimized to allow staff to work to the highest level of their licensure. We want to optimize our team and structure to best support a lean environment and our transformational work while meeting our quality, delivery, financial and satisfaction measures.

Scope: office all roles except lab

Background/Current Situation:

- We are staffed the way we always knew how, but not based on any data.
- Work gets done based on prioritizing firefighting and we are always in "firefighting mode".
- We do not understand our demand and capacity.



- Jobs duties have not been assessed for impact on flow.
- We have a mixed level of competencies (including ability to utilize EMR).
- It always feels like we need more people!
- We are unsure of our ability to support more patients or more work!

Non-Deferred	DEMAND	TAKT	MCT	FTE
Results	35	14	412	0.62
Refills	49	10	163	0.35
med questions	64	7	157	0.44
Sched. Appts	13	37	108	0.06
Pharmacy calls	11	45	70	0.03
Enter Orders	8	61	158	0.05
Time Review				
MISC. lab/calls	8	59	94	0.03
Retrieve Vitals	22	22	60	0.06
Scan med rec	5	94	107	0.02
Narcotic monitoring	14	34	120	0.07

Non-Deferred	DEMAND	TAKT	MCT	FTE
Rooming	112	4	701	3.4
Return to Room (ERG, IMMS)	15	31	343	2.3
Place Orders	29	17	107	1.2
Time Review				
Results	67	8	98	2.7
Rx Refills	67	7	93	2.7
med questions/procs	67	4	27	13
Cleaning rooms	109	90	90	02
MISC/MAPS	4	77	130	05
Stocking rooms	8	62	130	04
Incoming mail	3	155	593	08
Prior Auth	1	434	900	04
Clinical Visu	1	360	1300	10
Order/Put Supplies Away	8	64	300	10
Complete Forms	1	640	3400	12
Autoclave/Loading	5	96	600	13
Patient Assistance	1	480	300	01
Procedure Trays				
Deferred				
Scanning	13	36	200	11
IM/Basket over due results	43	11	76	14

Target Condition:

Staff have clear roles and responsibilities.
We have the ability to proactively problem solve at the source.
Work is level-loaded and duties are more appropriate for flow (deferrable and non-deferrable work).
We have a clear understanding of our demand & capacity. We are able to make more informed decisions regarding staffing.
All staff have minimum level of competencies for their role, but are able to utilize all of their skills while performing at their maximum potential.
We have a flexible staffing model in provider and administrative areas that provides consistency in results and relationships.

Tight Connections



Standard Work

Visual Mgmt

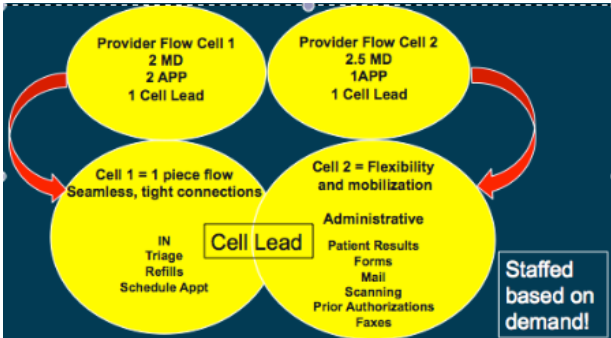
Flow

Gap Analysis

We reviewed each process/job duty in the clinic and determined if it was deferrable, non-deferrable, or time sensitive. We then determined best role, skill set, and place for it based on flow and our ideal state. We then placed it in the best role and location.



Solutions/Rapid Experiments:



Cell Lead Role

- Manages the flow of MA's and Providers in cell (provider's ahead/behind)
- Acts as a shield to other incoming, non-deferrable work coming into the cell.
- Scrubs charts to pull in HM modifiers for daily visits.
- Communicates and trains the standard work.
- Responsible for the Visual Management boards in area.
- Learns the lean tools and leads real-time problem solving around metrics.
- Leads daily huddles.



Measures of success:

Dimension	Measure	Baseline	Target
Quality/Safety	PIP – Diabetic & Colonoscopy Bundle, Encounter Turnaround Time		
Patient Experience	% Open Slots, Average Wait Times for Patients	Tracking Daily	30% Open Access Daily
Employee Engagement	Pulse Employee Survey - Weekly		
Financial Stewardship	Productivity		

We have 15.9 Employee FTE's working 17 FTE's worth of worked hours.

ONCE operationalized, we created capacity within current staff for 3 cell leads: 12.5 working FTEs plus 3 Cell Leads (15.5 FTE's)

Insights:

What Went Well

- We better understand the future state and concept of "cells."
- We have a good plan and direction.
- We have been open minded.

What Didn't Go Well

- Would have been helpful if MOS could have made it.
- Need to be able to trust data.

Lessons Learned

- This event feels like the "line in the sand."
 - Once we cross, there is no going back. These are big changes!
- There was a large list of duties that inhibited the MA's from focus on providers and patient flow.
- We have opportunity for VAST improvement and **we have capacity!**
- This event would do well as 2nd event in the sequence of events for other sites. Need to have this information